

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Los Angeles County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nancy Herrera			
Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: LA Philharmonic Date(s) 4 / 20 / 18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 
 Nancy Herrera  
 Print Name
 

 Ticket Administrator  
 Title
 

 5/17/18  
 (month, day, year)

Comment: \_\_\_\_\_

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<b>Area Code/Phone Number</b>	<b>E-mail</b>					
(213) 974-4444	nherrera@bos.lacounty.gov					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 168

Event Description: LA Philharmonic    Date(s) 4 / 22 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☐    No ☒    If no: Walt Disney Concert Hall  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐    No ☒    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Signature of Agency Head or Designee	Nancy Herrera Print Name	Ticket Administrator Title	5/17/18 (month, day, year)
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Comment: \_\_\_\_\_

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*Provide Title/Explanation*

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*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

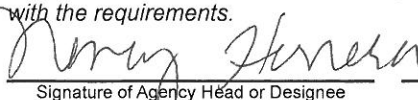
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 Signature of Agency Head or Designee
 
 Nancy Herrera  
 Print Name
 

 Ticket Administrator  
 Title
 

 5/17/18  
 (month, day, year)

Comment: \_\_\_\_\_